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VS 300 Rev. 4/59 1 0470 2 0356 3 4 0 5 0 6 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	BER	STATE FILE NUM	145-	2 Registrar's No.	strict No. 556	ary Registration Di	ELFARE Print	C MEALTH AND W Registration District No.	JBLIC R	OF PU	NT O	RTM	DEP				
1. PACE OF BEATH 1. PON Rev. 4/59 GEVEN 1. PON							V K 1969	FILED NO	_	ED	MENDE	•	NOT WRITE THIS STUB	00			
MOSPITAL OF The Home for Aged Yes Not Address	admission)			a. STATE MO	-		ron	a. COUNTY	` 								
Modern M	Inside Limits Yes 12 No □	ouri	den. Misson	or town Ma.				On ·			11	PEZ	.v. 4, 5,	Kev. 4/ 37			
3. NAME OF DECRASSO First Middle Last C. DATE Decret Deck	Reside on Farm			d. STREET					-			¥	0470	1			
Second Color Col	Yes No			ADDRESS	Yes □ No. T□	Aged	psprisrs	<u> </u>	1_		;	DATI	0356-	. 2			
Male White Widowed Divorced 3/4/71 912 Months Days Male		t. 27, 196	DEATH Oct.														
Salesman City Clerk Hardware Dallas Co., Mo. U.S. Salesman City Clerk Hardware Dallas Salesman Dallas Co., Mo. U.S. Salesman City Clerk Hardware Dallas Co., Mo. U.S. Salesman City Clerk Hardware Dallas Co., Mo. U.S. Salesman City Clerk Hardware Dallas Salesman Dallas Sa	Hours Min.	Months Days	91월	3/4/71	Divorced 🗌	Widowed 😾	White	Male					-	- 5			
S. WAS DECEASED EVER IN U.S. TAMED FORCES? 16. SOCIAL SECURITY NO. 17. NICOMANT Address 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). NONE John H. Burney, Ironton, Mo- NO. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH WAS CAUSED BY: Cerebral thrombosis Interval of the part is to above cause (e), staining the under lying cause last. DUE TO (c) Generalized arteriosclerosis 4 y		' k	during most of working life, even if retired)									2		ć			
S. WAS DECEASED EVER IN U.S. *AMMED FORCES? 16. SOCIAL SECURITY NO. 17. NIFORMANT Address 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). NOne John H. Burney, Ironton, Molecular None John H. Burney, I	·						City Clerk	Salesman &: 3a. FATHER'S NAME	13			֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		7			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 9 332 X 10 10 10 11 11 12 86-0 13 / -0 13 / -0 15 16. SOCIAL SECURITY NO. D. INFORMANT Address Of Service) NOME NOME NOME TONN H. Burney, Ironton, Mo. No. INTEREST. OCCUPANT IN THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERCORMED: DUE TO (c) 19. WAS AUTOPSY PERCORMED: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Image. Part III. If deceased with the a pregnancy p.m. 20d. INJURY OCCURRED WHILE AT WOOK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Image. Part III. If Image. Due to (c) 10. Due to (c) 10. Due to (c) 11. Due to (c) 12. I attended the deceased from T-1-57 to 10-27-62 and last saw Per him alive on 10-25-62 22a SIGNATURE (Degree or title) 22b DATE (Degree or title) 22a SIGNATURE (Degree or title) 22b DATE (Degree or title) 22a SIGNATURE (Degree or title) 22b DATE (Degree or title) 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Malden, Missouri				llard	ia B. Wol	Del	Newport	Richard C.	E			<u> </u>	<i>-</i>				
No. None John H. Burriey, Ironcon, Missouri				17. INFORMANT	IAL SECURITY NO.	16. SOC		Yes, no, or unknown) ((if				2	2				
Industrial Cause (a) Cerebral thrombosis 1 1 2 2 2 2 2 2 2 2	DVAL BETWEEN	LINITE	urney, iron	John H. I	ne l	ine for (a), (b), ar	(Enter only one cause per	NO. 18. CAUSE OF DEATH	I -	 -		ا إيا	<i>332</i> x	-9 			
Which gave rise to above cause (a), stating the under-lying cause last. Due to (c) 13 / - 0	Week	Carabral thrombosis] week								l la		. I. I		10			
Which gave rise to above cause (a), stating the under-lying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part in the under-lying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal where a pregnancy in the part in the p	•									S				11			
A y stating the under lying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal line or there a pregnancy disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal line or there a pregnancy disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal line or there a pregnancy disease condition given in PART I (a) PART II. If deceased we there a pregnancy disease condition given in PART I or PART II of PART I							ns, if any, DUE TO (b	Conditio				EAI R	<i>VI</i> - 1	12			
NO NO WHILE AT WORK 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of there a pregnancy Yes No EN NO E	eærs	4 y	above cause (a), stating the under-									-		13			
19. WAS AUTOPSY PERFORMED? YES NO 20 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of PA	as female way y in last 90 day	III. If deceased w there a pregnanc	ne terminal PART III	H but not related to	RIBUTING TO DEAT	NDITIONS CONT 1 PART I (a)	OTHER SIGNIFICANT C disease condition given i	PART II	NO.			기					
Death occurred at 11:15 Death occurred at 11:15 Death occurred at 11:15 Death occurred at 23a. Burial, Cremation, Removal (Specify) burial 23b. Date 23c. Name of Cemetery Or Crematory Malden, Missouri 20d. Injury Occurred 20e. PLACE Of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY 21. I attended the deceased from 7-1-57, to 10-27-62 and last saw her him alive on 10-25-62 Death occurred at 11:15 P m on the date stated above, and to the best of my knowledge, from the caus 22a. Burial, Cremation, 23b. Date 23c. Name of Cemetery Or Crematory 23d. Location (City, town, or county) Malden, Missouri	Unknow	Yes No	- '		i				ίζ	[1 [
The state of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the cause of the deceased from the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and to the date stated above, and to the best of my knowledge,	f item 18.)	in PART I or PART II o	enter nature of injury in P.	W INJURY OCCURRED.	20b. DESCRIBE HOV			PERFORMED?				1 C W	ļ				
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from 7-1-57, to 10-27-62 and last saw her him alive on 10-25-62 Death occurred at 11:15 P m on the date stated above, and to the best of my knowledge, from the cause of the composition of the date stated above, and to the best of my knowledge, from the cause of the composition of the date stated above, and to the best of my knowledge, from the cause of the composition of the date stated above, and to the best of my knowledge, from the cause of the composition of the date stated above, and to the best of my knowledge, from the cause of the composition of the date stated above, and to the best of my knowledge, from the cause of the composition of the date stated above, and to the best of my knowledge, from the cause of the composition of the date stated above, and to the best of my knowledge, from the cause of the composition of the composition of the cause of the composition of the date stated above, and to the best of my knowledge, from the cause of the composition of						 -	Month, Day, Year	INJURY a.m.	DICA	j 			Z	Z Z			
Menul M. D. Ironton, Missouri. 1 Market Market M. D. Ironton, Missouri. 1 23å. BURIAL, CREMATION, Parket Market	STATE	COUNTY	OCATION	20f. CITY, TOWN, OR	in or about home, 2 e bldg., etc.)	OF INJURY (e.g., actory, street, offic	ED 20e. PLACE farm, f	20d. INIURY OCCURR	W					X			
Menul M. D. Ironton, Missouri. 1 Market Market M. D. Ironton, Missouri. 1 23å. BURIAL, CREMATION, Parket Market		10-25-62	ast saw him alive on	27-62 and		7-1-57	ceased from	21. I attended the de		•		8	[필요				
Mary C. Mense M. D. Ironton, Missouri. 1	ses stated.	owledge, from the cau			Pm on the		77.72						.: B				
Mary C. Mense M. D. Ironton, Missouri. 1	22c. DATE SIGNE	1:		22b. ADDRESS		ee or title)	7) (Deg	22a SIGNATURE		le		ON I	PEV				
236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) burial 200/30/1962 Malden Cemetery Malden, Missouri	0-29-62	- •						Maron		=		FS	_ ₹	•			
burial LU/SU/1902 Malden Cenetery Malden, Missouri	(State)			1				KEWOAT (Specify)	23	∏á		ö					
			18 100n M1	E RECD. BY LOCAL RE	25. DAT	RESS	ADD	4 FUNERAL DIRECTOR	1 - 1 2/2	AFFI		ž					
White Funeral Home, Ironton, Mo. 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE White Funeral Home, Ironton, Mo. 16-29-62. (Licensed Embalmer's Statement on Reverse Side)		. ೧	1400 - (29-62	Mo. 15-	Ironton,	eral Home,	White Fun		₄		ITEA					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me
or by	
working under my personal supervision.	·
Student	Signed Assel g. Colicle
Signature of Student Embalmer	√
·	Licensed Embalmer No. 3012
	P. O. Address Tronton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.